

TRANSMITTAL FORM		Application Number	10/088,123		RECEIVED	
		Filing Date	March 14, 2002		CENTRAL FAX CENTER	
		First Named Inventor	Andrea Casini			
		Art Unit	2687		MAR 18 2005	
		Examiner Name	Un C Cho			
Total Number of Pages in This Submission	18	Attorney Docket Number	018765-9001			
ENCLOSURES (check all that apply)		PETITION FOR EXTENSION OF TIME				
<input checked="" type="checkbox"/> Amendment/Reply (13 pages) <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other: Duplicate of this Transmittal (1 page)		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5). (in duplicate; 1 page each) <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.				
CLAIMS FEES						
<input checked="" type="checkbox"/> No additional claim fee is required.						
		Highest Number Previously Paid For	Extra Claims Present	Small Entity	Large Entity	
Total	19	-	20	=0	x 25= \$	x 50= \$0.00
Independent	2	-	4	=0	x 100= \$	x 200= \$0.00
<input type="checkbox"/> First Presentation of Multiple Claim				+ 145= \$		+ 290= \$0
FEES						
<input type="checkbox"/> Additional Claim Fee <input checked="" type="checkbox"/> Extension fee for one-month <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Surcharge for Missing Parts - Declaration <input type="checkbox"/> Terminal Disclaimer						\$0.00
						\$110.00
						\$0.00
						\$0.00
						\$0.00
TOTAL FEES \$110.00						
PAYMENT OF FEES						
<input type="checkbox"/> A check in the amount of \$ is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. <input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$110.00. <u>A duplicate of this sheet is attached.</u>						
SIGNATURE OF ATTORNEY						
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: 3/18/05		
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is: <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9308. <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below						
Typed or printed name		Elizabeth M. Campbell Tressler		10088123		
Signature				Date: 3/18/2005		